

OUTSTANDING EMPLOYER OF THE YEAR

These three awards go to employers for outstanding achievement in improving employment opportunities for people with disabilities. An award is given to one (1):

- Small (less than 50 employees) private employer (non-government);
- Large (more than 50 employees) private employer (non-government);
- Other (any size); government (local, county, state, federal) or educational (school district, university, technical institute).

Two (2) letters of support must be included with this nomination form. Letters must be from persons other than the nominator.

NOMINEE'S NAME: _____

BUSINESS ADDRESS: _____
Address City Zip

BUSINESS PHONE: _____ EMAIL: _____

CHOOSE EMPLOYER CATEGORY (only one)

☐ Small private

☐ Large private

☐ Other

TOTAL NUMBER OF EMPLOYEES: _____

NUMBER/OR PERCENT OF EMPLOYEES WITH DISABILITIES: _____

RETENTION OF EMPLOYEES WITH DISABILITIES: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Describe the nominee's policies and procedures supporting outreach, recruitment, placement, training, and career advancement of persons with disabilities?

(Continue on back)

2. Describe nominee's efforts to accommodate workers with disabilities? Provide specific examples.
3. Describe what steps the nominee takes to ensure an effective working relationship between all employees – those with and without disabilities?
4. Describe how the nominee ensures employees with disabilities are fully included in the company's workforce?
5. Explain efforts the nominee has made on the local, state, and/or national levels to encourage other employers to hire people with disabilities?
6. Explain why you feel this nominee is deserving of this award?
7. Include two (2) letters of support from persons other than the nominator. Additional items included with the nomination (i.e., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 1/2 X 11" paper.